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0010/PTO
Rev. 6/95

U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket Number

Met/4 CIP

First Named Inventor

Thomas J. McMurtry et al.

COMPLETE IF KNOWN

Application Number

08/875,365

Filing Date

01/16/96 (IA)

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Diagnostic Imaging Contrast Agents with Extended Blood Retention

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

01/16/1996

as United States Application Number or PCT International

Application Number PCT/US96/00164 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 38, United States Code § 119 (a)-(d) or § 365(a) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 38, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burdens Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(e) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/382,317		02/01/1995	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
James F. Haley, Jr. Pablo D. Hendler	27,794 40,015		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☐ Customer or label Number OR ☒ Fill in correspondence address below

Name	James F. Haley, Jr., Esq.		
Address	Fish & Neave		
Address	1251 Avenue of the Americas	State	N.Y.
City	New York	ZIP	10020
Country	U.S.A.	Telephone	212-596-9330
		Fax	212-596-9090

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Thomas	Middle Initial	J.	Family Name	McMurry	Suffix e.g. Jr.	
Inventor's Signature						Date	11/25/97
Residence: City	Winchester	State	MA	Country		Citizenship	U.S.
Post Office Address	4 Bonad Road						
Post Office Address							
City	Winchester	State	MA	Zip	01890	Country	
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto



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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Hironao			Middle Initial		Family Name	Sijiki			Suffix	e.g. Jr.	
Inventor's Signature	<i>Hironao Sijiki</i>						Date	11/28/97			✓✓	
Residence: City	Gifu			State		Country	Japan			Citizenship	Japanese	
Post Office Address		4-9 Fudo-cho										
Post Office Address												
City	Gifu			State		Zip	500		Country	Japan		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Daniel			Middle Initial	M.	Family Name	Scott			Suffix	e.g. Jr.	
Inventor's Signature							Date					
Residence: City	Acton			State	MA		Country				Citizenship	U.S.
Post Office Address		42 Nylander Way										
Post Office Address												
City	Acton			State	MA		Zip	01720		Country		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Randall			Middle Initial	B.	Family Name	Laufer			Suffix	e.g. Jr.	
Inventor's Signature							Date					
Residence: City	Brookline			State	MA		Country				Citizenship	U.S.
Post Office Address		23 Summer Road, #2										
Post Office Address												
City	Brookline			State	MA		Zip	02146		Country		
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name				Middle Initial		Family Name				Suffix	e.g. Jr.	
Inventor's Signature							Date					
Residence: City				State			Country				Citizenship	
Post Office Address												
Post Office Address												
City				State			Zip			Country		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto												

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Hironao				Middle Initial				Family Name		Sijiki				Suffix e.g. Jr.					
Inventor's Signature												Date									
Residence: City		Gifu				State				Country		Japan				Citizenship		Japanese			
Post Office Address		4-9 Fudo-cho																			
Post Office Address																					
City		Gifu				State				Zip		500				Country		Japan			
Applicant Authority																					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Daniel				Middle Initial		M.		Family Name		Scott				Suffix e.g. Jr.					
Inventor's Signature		<i>Daniel C. Scott</i>										Date		12/1/97							
Residence: City		Acton				State		MA		Country						Citizenship		U.S.			
Post Office Address		42 Nylander Way																			
Post Office Address																					
City		Acton				State		MA		Zip		01720				Country					
Applicant Authority																					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Randall				Middle Initial		B.		Family Name		Laufer				Suffix e.g. Jr.					
Inventor's Signature												Date									
Residence: City		Brookline				State		MA		Country						Citizenship		U.S.			
Post Office Address		23 Sumner Road, #2																			
Post Office Address																					
City		Brookline				State		MA		Zip		02146				Country					
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Residence: City						State				Country						Citizenship					
Post Office Address																					
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Applicant Authority																					
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Given Name		Hironao				Middle Initial				Family Name		Sijiki				Suffix e.g. Jr.					
Inventor's Signature												Date									
Residence: City		Gifu				State				Country		Japan		Citizenship		Japanese					
Post Office Address		4-9 Fudo-cho																			
Post Office Address																					
City		Gifu				State				Zip		500		Country		Japan		Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Daniel				Middle Initial		M.		Family Name		Scott				Suffix e.g. Jr.					
Inventor's Signature												Date									
Residence: City		Acton				State		MA		Country				Citizenship		U.S.					
Post Office Address		42 Nylander Way																			
Post Office Address																					
City		Acton				State		MA		Zip		01720		Country				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Randall				Middle Initial		B.		Family Name		Lauffer				Suffix e.g. Jr.					
Inventor's Signature												Date		11-25-97							
Residence: City		Brookline				State		MA		Country				Citizenship		U.S.					
Post Office Address		23 Sumner Road, #2																			
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Post Office Address																					
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Additional inventors are being named on supplemental sheet(s) attached hereto										<input type="checkbox"/>											